	PRCUALife Hullillinger	EN TEAM NAME	NATIONA TRY	FORM	HA 3001	LMIC E. 13 MII	CH PARK Le RD. WARREI	N, MI 48092	ENTRY FI	Fraterna aukee Aver rnal-ever EE IS \$1 ARE NON-1 CHECK I In Cathol	al Depa e, Chicag nts@prcu 100 PE REFUNDA PAYAB ic Union	artment go, IL 60642 ua.org IR TEAM. NBLE. LE TO: n of America	
	Ark an " X " in the Box Hich division your t		GIN FRIDAY, A	AUGUST 16, 20 Орм: ПСО-ED	024 SA	TURD	AY, AUGUS	,		M OF P	AYME	NT:	
reg As n Fals	EACH PLAYER MAY SIGN ONLY ONE ROSTER. THE UNDERSIGNED MEMBERS DO HEREBY STATE THAT THEY ARE MEMBERS IN GOOD STANDING WITH THE PRCUA. PLAYERS AGREE TO ABIDE BY THE PRCUA RULES AND REGULATIONS AND RULES OF GOOD SPORTSMANSHIP AND FAIR PLAY ON AND OFF THE FIELD. LOCAL SOFTBALL RULES APPLY IN THIS TOURNAMENT. EACH PLAYER MUST PERSONALLY SIGN HIS OR HER NAME TO THIS FORM. AS MANAGER OR COACH OF THE ABOVE TEAM, I AM RESPONSIBLE FOR THE CONDUCT OF ALL PLAYERS AND THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. I UNDERSTAND THAT IF ANY PLAYER'S INFORMATION HAS BEEN FALSIFIED FOR ANY REASON, ALL GAMES IN WHICH THAT PLAYER(S) PARTICIPATE WILL BE FORFEITED.												
		DDRESS CITY ST ST											
	PRINT - PLAYER'S FULL <u>Le</u>		STREET ADDRESS	CITY		ZIP CODE	PHONE	EMAIL AC			ROSTER #	TOTAL # of GUESTS at awards ceremony	
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2													
3													
4 5													
6													
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CEF	RTIFICATION OF MEMB	ERSHIP: ALL	PLAYERS WHOSE NAMES AR	E SHOWN ON THE ENTRY	Y FORM NEED TO) BE MEMBER	RS OF THE PRCUA. PART	TICIPATION IS LIMITED	TO PRCUA MEME	BERS ONL	Y. NEW N	IEMBERS MUST	

SUBMIT AN APPLICATION BY JULY 19, 2024 TO QUALIFY TO PLAY IN THE TOURNAMENT.

ALL ENTRIES MUST BE RECEIVED BY FRIDAY, JULY 19, 2024 Contact Information: Fraternal Department, (773)-782-2601 or fraternal-department@prcua.org